

CITY OF HARTFORD

OFFICE OF HUMAN RELATIONS

550 MAIN STREET
HARTFORD, CT 06103

MWBE

Minority/ Woman Business
Enterprise Certification

Application

Dear Applicant:

The City of Hartford Office of Human Relations administers a program for Minority/ Women Business Enterprises. This program is in recognition by the City of the need to encourage the participation of minority- and women-owned businesses in City's projects.

In order for a firm to be certified as a bona fide minority- or women-owned business, it has to submit the enclosed application with the required supportive documents to the City. Read carefully the instructions and make sure to provide all the required information and documents. All documents must be legible and complete. Any illegible or incomplete document may be cause for delay or suspension of the certification process.

The Office of Human Relations reserves the right to require additional information or documentation it deems necessary to determine the applicant eligibility for the Minority/Woman Business Enterprise certification.

Please send the completed application with all the required documents, including the executed affidavit on page 4 to:

City of Hartford
Office of Human Relations
550 Main Street, Room 5
Hartford, CT 06103

If you have any questions or need assistance, please contact Lillian I. Ruiz, Human Relations Director at 543-8595.

APPLICATION FOR MINORITY/ WOMAN BUSINESS ENTERPRISE CERTIFICATION

PART I: BASIC INFORMATION

1. Registered Business Name: _____
2. Business Address _____
3. Business Telephone Number(s): _____
4. The Legal structure of this business is: Corporation ____ Limited Liability Corporation (LLC)____
Limited Liability Partnership____ Limited Partnership ____ Sole Proprietorship__ Other____
5. The date this business was started: _____
6. Full name(s) and title(s) of its Minority or woman owner(s): _____
7. Business is applying for certification as:
____ Minor Business (At least 51.0% Minority Person Owned)
____ Woman Business Enterprise (At least 51.0% Woman Owned)
8. The nature (services/products sold) of this business is: _____
9. Does it maintain an inventory of supplies/materials for resale?
____ Yes ____ No If yes, where are supplies/materials stored? (Street Address) _____
10. Is this business also a broker? Yes____ No____
11. In what Town or State is this business registered? _____
12. Is the Minority or woman owner(s) engaged in or owners of other businesses and/or otherwise employed? ____ Yes ____ No. If yes, please attach specific descriptions of activities.
13. Does the Minority or woman owner(s) have signing authority for:
A. Checks? ____ Yes ____ No C. Invoices? ____ Yes ____ No
B. Contracts? ____ Yes ____ No
14. Does the Minority or woman owner(s) have any involvement in its contract negotiations?
____ Yes ____ No
15. Does the Minority or woman owner(s) have substantial control over the hiring and firing of its employees? Yes ____ No____
16. Does this business own:
A. The property? ____ Yes ____ No B. The equipment? Yes____ No____
C. The vehicle(s)? ____ Yes ____ No
17. Does this business lease or rent:
A. The property? ____ Yes ____ No B. The equipment? Yes____ No____
C. The vehicle(s)? ____ Yes ____ No

18. Does this business make purchases from firms owned by its Non-Minority or male owner(s)?
_____ Yes _____ No. If yes, please attach account receipts.
19. Does this business utilize the assets or facilities of firms owned by its Non-Minority or male owner(s)? _____ Yes _____ No. If yes, please attach all pertinent documents.
20. Does your Business have a Zoning Certificate of Occupancy or Zoning Permit? ____Yes ____No
If yes, please attach a copy with this application. If no, contact your Zoning Department for approval.

Please be advised that periodic site visits are made to verify that business is operating from this location.

PART II: DOCUMENTATION REQUIRED

So that the City may verify the information provided, complete, clear and legible copies of the following documents must be attached.

A. FOR ALL APPLICANTS:

1. A copy of the company's complete Federal Income Tax Return that was filed with the Internal Revenue Service (IRS) for the immediate preceding tax year, including ALL schedules, statements, and attachments.
2. A complete copy of the last due and filed UC-5A (Unemployment Compensation) Quarterly Report.
3. Copies of the registrations and/or rental or lease agreements for the vehicles used by the business;
4. Receipts, invoices and rental or lease agreements for the equipment used by the business, if they are not listed (i.e., specified) in its Federal Income Tax Return; and
5. Rental or lease agreements, mortgages, and/or deeds for the facilities used by the business.
6. Copies of the company's contractors licenses and any other practitioners licenses or permits required by the City, Town, State or Federal government, that it needs in order to do business.
7. Copies of the Long Form Birth Certificate, or U.S. Marriage License, Court Decree, or Other Government Document, that clearly show the race or Ethnic Affiliation of the Minority owner(s) or that show the gender of the woman owner(s), if applying for Woman Business Certification.
8. Copies of all of the company's bank signatory cards that show the names of the signatories and the banks.
9. Resumes or statements, signed by all of the owners that show and describe the responsibilities of ALL of the Minority or the woman owner(s), (if applying for Woman Business Certification) of the company.
10. Copies of the Contractor (and any other Practitioner or Services) Licenses and Permits held by the Minority owner(s) or by the woman owner(s), (if applying for Woman Business Certification) and copies of their respective certificates, or other accreditations (including substantiation of time and place of their training, employment, education, and business backgrounds) that show proof of their expertise in the company's line of work.
11. Please note: Copies of any Federal and/or State issued Trademarks will also be needed.

B. FOR ALL CORPORATIONS:

1. Copies of **Certified Certificate of Incorporation**, and the latest Biennial Report that were filed with the Secretary of the State (i.e., each copy containing the Secretary of the State's filing date stamp).
2. Please note: The State's copies of any subsequent filings regarding changes of name, Directors, Officers, principal office, etc., may also be requested.
3. Copies of ALL Stock Certificates (including for cancelled and Treasury Stock).
4. Copy of Corporation bylaws.
5. A copy of the Stock Ledger Registry (a/k/a Stock Transfer Ledger).

C. LIMITED LIABILITY COMPANY:

1. Copies of **Certified Articles of Organization** – filed to form a Connecticut limited liability company (i.e., each copy containing the Secretary of State's filing date stamp).
2. Annual Report – Report of limited liability company's principal office and mailing address filed on anniversary of formation.
3. Copies of the Operating Agreement of the LLC.

D. LIMITED LIABILITY PARTNERSHIP:

1. Copies of **Certified Certificate of Limited Liability Partnership** – filed by a Connecticut general partnership to become a limited liability partnership (i.e., each copy containing the Secretary of the State's filing date stamp).
2. Copies of the Annual Report – report of limited liability partnership's principal office and mailing addresses

F. LIMITED PARTNERSHIP:

1. Copies of **Certified Certificate of Limited Partnership** – filed to form Connecticut Limited Partnership (i.e., each copy containing the Secretary of State's filing date stamp).

G. FOR ALL SOLE PROPRIETORSHIPS:

1. A copy of the Trade Name Registration filed with the Town Clerk that contains the Town Clerk's filing date stamp.
2. Please note: In some cases, a copy of the Sales and Use Tax Permit may be requested.

H. FOR ALL GENERAL PARTNERSHIPS:

1. A copy of the **Partnership Agreement**, including all attachments, statements and references.
2. A copy of the **Trade Name Registration** filed with the Town Clerk that contains the Town Clerk's filing date stamp.

Please note: In some cases, a copy of the Sales and Use Tax Permit may be requested.

PART C:

AFFIDAVIT

REGISTERED BUSINESS NAME: _____

I, the undersigned, being a duly authorized owner of this business, swear that: the information and documents provided regarding this application for Minority/Woman Business Certification, under Sections 2-651 through 2-664 of the Hartford Municipal Code, are true, accurate, and current. Consent is given to the Office on Human Relations of the City of Hartford to monitor this business as called for in the Code. This business will immediately provide written notice to the Office on Human Relations of any changes in ownership, structure, control, et al. It is understood that the City reserves the right to request the additional information and documents that it deems necessary to reasonably assure that this business meets the criteria set forth in the Municipal Code. It is, also, understood that any misrepresentations, omissions or misstatements in this application may, and can, result in the immediate cancellation of certification and any contracts with the City of Hartford.

SIGNATURE: _____ PRINT
NAME: _____

TITLE: _____

Voluntarily subscribed and sworn before me this ____ day of _____, 2005.

Notary Public

Commission Expires

Return To:

**City of Hartford
Office of Human Relations
550 Main Street
Hartford, CT 06103**